H.R. 4065: The Chronic Kidney Disease Improvement in Research and Treatment Act

Section-by-Section

Title I: Expanding Kidney Disease Awareness and Education

Section 101: Expanding Medicare Annual Wellness Benefit to Include Kidney Disease Screening

Often patients do not realize they have kidney diseases until their kidneys fail and they crash onto dialysis. This section would add Chronic Kidney Disease (CKD) screening to the annual wellness benefit to allow Medicare beneficiaries at risk for kidney disease and kidney failure to learn if they in fact have the disease and seek treatment to slow the progression toward kidney failure or better prepare for transplant or dialysis.

Section 102: Increasing Access to Medicare Kidney Disease Education Benefit

Currently, the ESRD Kidney Disease Education (KDE) benefit is woefully underutilized. This section would expand the benefit to: (1) allow dialysis facilities to provide kidney disease education services; (2) permit physician assistants, nurse practitioners, and clinical nurse specialists, in addition to physicians, to serve as referral sources for the benefit; and (3) to provide access to these services to Medicare beneficiaries with Stage 5 CKD not yet on dialysis.

Section 103: Improving Patient Lives and Quality of Care Through Research and Innovation

This section would require the Secretary of the Department of Health and Human Services (HHS), not later than 18 months after enactment, to submit a report to Congress on increasing kidney transplantation rates. The study would look at any disincentives in the Medicare payment systems; practices used by states with higher than average donation rates; increasing deceased donation rates among minority populations; and barriers to increasing living donor rates.

Section 104: Understanding the Progression of Kidney Disease and Treatment of Kidney Failure in Minority Populations

The Secretary of HHS would be required, not later than one year after enactment, to submit a report to Congress on: (1) the social, behavioral, and biological factors leading to kidney disease; (2) efforts to slow the progression of kidney disease in minority populations that are disproportionately affected by such disease; and (3) treatment patterns associated with providing care to minority populations that are disproportionately affected by kidney failure.

Title II – Creating an Economically Stable Dialysis Infrastructure and Incentivizing Innovation

Section 201: Refining the ERSD Payment System to Improve Accuracy in Payment and Support Innovative Therapies

The Medicare Payment Advisory Commission (MedPAC) and the kidney care community have consistently raised concerns about the current End-Stage Renal Disease Prospective Payment System (ESRD PPS) adjusters not being appropriately targeted to address higher cost patients. This section would improve the accuracy of facility payments by refining the ESRD PPS adjusters, requiring updates to ESRD facility cost reports, and clarifying how costs are considered when setting the bundled rate.

The ESRD program also has no sustainable pathway to incentivize improvements in kidney care for patients. This section would require the Secretary to adjust the ESRD PPS bundled rate when the current rate would not cover the cost of adding a new drug, biologic, device, or other technology into the bundle after the transitional payment period ends.

This section would also establish an ESRD-specific productivity rate.

Title III – Increasing Patient Access to Quality Performance Information by Improving the Accuracy and Transparency of ESRD Quality Programs

Section 301: Improving Patient Decision Making and Transparency by Consolidating and Modernizing Quality Programs

MedPAC has consistently recommended streamlining and improving the ESRD Quality programs, as have patient advocates who have raised concerns about measures that are not valid or reliable and inconsistent among programs. This section would reform how the Centers for Medicare & Medicaid Services (CMS) adopts measures used in the ESRD Quality Incentive Program (QIP) to ensure there are a parsimonious set of meaningful, valid, and reliable measures. It would establish QIP bonus payments for facilities exceeding the attainment performance standards. It would also improve patient decision-making by eliminating contradictions between the ESRD QIP and Five Star programs.

Title IV: Expanding Patient Choice of Coverage

Section 401: Providing Medigap Access to ESRD Beneficiaries

The Social Security Act guarantees that Medicare beneficiaries over age 65 have access to Medigap plans – recognizing the role these plans have in helping patients plan and defray the cost of Medicare services. This section would guarantee access to Medigap policies to all ESRD Medicare beneficiaries, regardless of age.

Sec. 402. Protecting Dialysis Patient Access to MA Plans

Congress expanded patient access to Medicare Advantage (MA) plans effective 2021. In 2020, HHS removed dialysis facilities from the Network Adequacy standards. There are also concerns that this policy could create barriers to access to nephrology care. MedPAC,

patient organizations, and the kidney care community have raised concerns that the policy may create barriers to access for dialysis patients seeking to enroll in MA plans. This section would protect patient access by requiring HHS to reinstate dialysis services as one of the areas subject to the Network Adequacy requirements.

Section 403: Allowing Individuals with Kidney Failure to Retain Access to Private Insurance

Individuals with ESRD who are covered by a group health plan and are eligible or enrolled in Medicare may keep their private health plan as their primary payor for 30 months. This section would extend the Medicare Secondary Payer requirement for ESRD beneficiaries by an additional 12 months, allowing people to keep their private plan longer.